

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF WEST VIRGINIA**REQUEST FOR MEDIA RECORDING OF HEARING/TRIAL**

Case/Adversary Proceeding Style: _____

Case/Adversary Proceeding Number: _____

Date of Hearing/Trial: _____

Location of Hearing/Trial (e.g., Charleston, Beckley, etc.): _____

Special Instructions (if any) : _____

Requesting Party: _____

Address: _____

Telephone Number : _____

Dated: _____

Signature

**Include fee of \$26.00 in cash or check made payable to Clerk, U.S. Bankruptcy Court, SDWV

FOR COURT USE ONLY:**Order Received** Date: _____ By (initials): _____**Fee Paid** Date: _____ Amount: _____☐ **Order Mailed:** _____ / _____ (date/initials)☐ **Order Picked Up:** _____ / _____ (date/initials)**Comments:** _____
